

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015989

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 5749 Registrar's No. 82

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREDERICKTOWN

Length of stay in 1b

57 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Route 3 - Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MADISON

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

FREDERICKTOWN

d. STREET
ADDRESS

(If outside, give location)

Route 3,

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

JACK

Middle

ALLEN

Last

4. DATE
OF
DEATH

Month

Day

Year

APRIL 7, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-7-1904

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months 11 Days 0

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

QUARRY MINER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

IRON COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MARTIN ALLEN

13b. MOTHER'S MAIDEN NAME

SARAH MILBURN

14. NAME OF HUSBAND OR WIFE

IDA ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address ROUTE 3, MRS. IDA ALLEN, FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DUODENAL STENOSIS SECONDARY TO DUODENAL ULCER

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

3-2-62

4-7-62

4-6-62

4:15

p.m.

I attended the deceased from 3-2-62 to 4-7-62 and last saw him alive on 4-6-62

Death occurred on

4:15

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

M.D.

22b. ADDRESS

507 W. College Fredericktown, Mo.

22c. DATE SIGNED

4-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-10-1962

23c. NAME OF CEMETERY OR CREMATORY

ASHLOCK CEMETERY

23d. LOCATION (City, town, or county)

MADISON COUNTY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.

4-10-1962

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 11-20

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13 1-0

APR 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Quiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College
Fredericktown MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.